

**SPECIALIZED MEDICAL ASSISTANCE RESPONSE TEAM – S.M.A.R.T.
ENROLLMENT FORM**

PLEASE PRINT

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager &/ Fax: _____

Primary E-Mail: _____ Alt E-Mail: _____

Date of Birth: _____ Citizenship: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Employer: _____

Job Title: _____

☐ **Non – Medical Volunteer**

☐ **Medical Volunteer (check if applicable)**

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Physician | Physician Specialty: _____ | | |
| <input type="checkbox"/> Physician's Assistant | | | |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Veterinarian Technician | | |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental Assistant | | |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> Practitioner |
| <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Psychologist | <input type="checkbox"/> PHN |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Technician | | |
| <input type="checkbox"/> Firefighter | | | |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Paramedic |

License Number: _____ License Expiration Date: _____

☐ Student ☐ Retiree

☐ Second Language _____ ☐ Special Skills: _____

☐ Yes, I am willing to deploy outside of Erie County, New York

How did you hear about us? _____

Please fax this form to: Erie County Public Health Emergency Preparedness @ 716-858-7121

Email to: Sean Crotty@erie.gov

or mail to: Erie County Health Department, S.M.A.R.T., 95 Franklin St., Buffalo N.Y., 14202

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